

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

107070661

4703/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		1
4		3		3		1
5		4		4		1
6		5		5		1
7		6		6		1
8		7		7		1
9		8		8		1
10		9		9		1
11		10		10		1
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TOTAL IND.	1		1		1	
TOTAL DEP.		17		16		1
TOTAL CLAIMS	1	17	1	16	1	1

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1203 (REV. 9-78)

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